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Section 4 – Reports and Recordkeeping

I. Client File Requirements

The purpose of this section is to inform subgrantees of specific documentation to be maintained in each client file. This section also provides general guidance to subgrantees on how to comply with requirements specified in 10 CFR 440.16(g) on reporting completed homes. The State and each WAP subgrantee receiving federal financial assistance will keep records and make reports as required by 10 CFR Part 440.24 and 10 CFR Part 440.25. All documents must be signed, dated and legible. Each client file must contain the following documents:

II. Required Forms and Documentation

A. Client File Summary Form (See *Attachments 4-1* and *4-2*)

For each completed home, subgrantees must maintain in the client files a fully completed Client File Summary Form.

B. The Application Form

The Application Form must include the following:

Current mailing and street address.

Telephone number.

Date of application.

Household's income.

Family size.

Age of all household members.

Whether the client is an owner or a renter.

Whether the client lives in a multi- or single-family residence.

Standard civil rights information.

Whether the dwelling unit received prior weatherization services at the client's current address (homes that have been weatherized after September 30, 1993).

A signed certification that the information in the application is correct and the home can be weatherized.

A signed release allowing fuel usage to be obtained from the appropriate fuel vendor (this may be a separate signed and dated form).

Other information required by Federal regulations or State policy.

C. Proof of Ownership of Property

Proof of ownership is required to be provided by the client at the time of application. Proof of ownership may include, but is not limited to, a copy of a recorded Missouri Deed, a mortgage agreement, proof of payment of property taxes, a copy of a current homeowner's insurance policy, or a title or mortgage agreement for a mobile home.

D. Agency Work Order Form

This form is an agency-developed form identifying the estimated materials and work to be completed, and a list of actual costs for materials and labor for the completed job. The work order form can also be printed from the NEAT and MHEA Audit software. This form should be signed and dated by a weatherization auditor.

E. Invoices, Bills for Materials and Labor Charges

This should include all invoices, bills for material and labor charges or a reference to such if combined in a single document by the supplier.

F. Heating System Information to Include:

Mechanical Systems Audit Form, including all required diagnostic testing information (see the *Technical Standards section*)

Worst Case Draft Test Form (for applicable homes)(see the *Technical Standards section*)

Clean and Tune Work Order Form (if applicable)(see the *Procurement section*)

RFQ/Contract for Furnace Replacement (if applicable)(see the *Procurement section*)

G. NEAT and MHEA Audit Data

All energy audit input and output data must be in the client file.

Note: (The following documents should also be found in the client file if applicable):

H. Reverification of Income Form

This form is an agency-developed form that is required if the application is more than one year old at the time of the energy audit. This form should be signed and dated by the client and designated agency personnel. The DNR/EC recommends that if the client's application is

more than one year old at the time of the energy audit, the client be required to return to the county outreach office to provide current income documentation. This information should be copied and kept in the client file for reference.

I. Landlord Agreement Form (See *Attachment 2-5* in *Section 2—Client Services*)

This form provides authorization from the client's landlord that they give permission for their property to be weatherized and that they agree to specific requirements as outlined in *Section 2*.

J. Work-Order Change Notices

This form is an agency-developed form that should include all additions or deletions to the job. The auditor or crew supervisor and the contractor (if applicable) should sign and date this form.

K. Emergency Services

This is a signed and dated physician's statement, including all documentation describing the need for emergency services from December through February.

III. Definition of a Home in Progress and a Completed Home

A home in progress is a home for which one of the following applies: (1) energy conservation measures (ECMs) have actually commenced, (2) specialty items have been ordered that cannot be returned to the vendor or (3) the home has been awarded to a contractor.

A completed home, or unit, is a home in which all weatherization measures have been installed according to the work plan, or as documented in a change order request, and the subgrantee, or its authorized representative, has conducted a final inspection and certified that the work has been completed in a professional manner, in accord with WAP work standards, and in accordance with the priority determined in 10 CFR 440. No dwelling unit may be reported as a completed unit until it meets the above criteria. Before reporting a completed home, DNR/EC requires all homes pass a final inspection by subgrantees. Expenses associated with a home that fails a DNR/EC inspection may be withheld from the Subgrantee's subsequent reimbursement until the home passes.

The DNR/EC is interested in developing an accurate profile of the status of the homes reported as complete. Homes may be reported as complete in one of two categories, and the Homes Complete Summary Report (see *Attachment 4-5*) submitted with each monthly report must note in which of the following two categories the home fits: (1) a home for which all cost-effective measures have been completed within cost guidelines, or (2) a home for which all cost-effective measures have not been completed because of a complication involving the homeowner or occupant. For example, a home will be reported as complete if the client (1) refused certain types of work dictated by the audit, (2) moved, or (3) died and material costs were incurred before all work was finished.

If at all possible, completion of WAP service will be attempted. However, if the new owners do not want the work to be completed, or the work cannot be finished, the home may still be counted as a completed house. If the home is reported and counted as a completed home on the Home Complete Summary, it is ineligible for weatherization services at a later date, even if all ECMs identified during the energy audit were not performed.

IV. Leveraging Activities

Federal regulations allow weatherization funds to be used for leveraging activities. Under leveraging, subgrantees work at developing relationships with property owners, utility companies and other entities that generate non-Federal resources for the program. Non-Federal resources are used to supplement the program and expand energy efficiency services and/or increase the number of dwelling units completed for weatherization eligible clients.

Subgrantee agencies may request up to, but no more than, five percent (5%) of their grant allocation for leveraging purposes. Subgrantee requests for leveraging must include specific planned leveraging activities; targeted partners (e.g. landlords, utilities or other agencies); and estimated outcomes including dollar amounts. If agencies do not initiate meaningful leveraging activities, the funds may be considered as state carryover and may be redirected to other agencies.

Utility funds for weatherization obtained by the DNR/EC through utility regulatory cases or other actions may not be reported by subgrantees as leveraged funds.

Landlord contributions are technically a form of leveraged funds but they are not a part of the grant and are not counted under leveraging activities. As described in *Section 2 – Client Services*, landlords must provide a five percent (5%) cash contribution of estimated labor and material project costs before weatherization work can begin on a home.

Contributions received from the owner/landlord are not to be reported as Program Income and should be applied to the cost of the home being weatherized in order to reduce that home's weatherization expenditures.

The amount of contribution above the required five percent (5%) cash contribution is left to the judgment of the subgrantee. These funds are not voluntary (in most instances) and, therefore, are treated differently than traditional leveraged funds. The expenditure of these funds must be in accordance with the landlord contribution agreement made with the State or local agency.

DNR/EC and DOE encourage subgrantees to form partnerships with other Federal programs [10 CFR 440, Section 440.16(e)]. These funds, partnered with Weatherization funding, will supplement the Weatherization program and are not considered leveraged funds.

Generally, leveraging is not considered program income; however, program income is a form of leveraging. Leveraged resources are not considered to be program income for the purposes of the WAP. See *Section 5 – Financial Management* for additional leveraging information.

V. Monthly Report

10 CFR Part 440 authorizes U.S. DOE to collect such reports as it deems necessary to carry out its responsibilities. The Missouri Weatherization Assistance Monthly Report collects information needed to operate the program and to, in turn, report required information to U.S. DOE. This section provides general guidance to help subgrantees complete the Weatherization Assistance Monthly Report.

All agencies are required to submit monthly reports to the DNR/EC Weatherization Program by the 14th day of each month. Agencies must submit one original and one duplicate. If an agency has no homes to report and is requesting no reimbursement, then an e-mail notification is required to be sent to DNR/EC. Monthly reports must be completed according to *Attachment 4-3*, Monthly Report Definitions/Instructions, using the following forms:

Request for Funds (DE-5)(*Attachment 4-4*)

Weatherization Assistance Monthly Report (*Attachment 4-5* and *4-6*)

Financial Data (*Attachment 4-7*)

Homes Complete Summary (*Attachment 4-8*)

Health and Safety Report (*Attachment 4-9*)

The final report must contain comments in the "Comments" section to document any receipts from the sale of equipment and/or vehicles that have not been used to offset program operation costs or equipment purchases.

VI. Quarterly Reporting

All agencies are required to submit the following quarterly reports to the Weatherization Program by the 14th day of the month following a quarterly reporting time frame:

Other Fund Sources Report (*Attachment 4-10*)

Woman Business Enterprise/Minority Business Enterprise (WBE/MBE) Report and Instructions (*Attachment 4-11*)

Training and Technical Assistance Activities (T&TA) Report (*Attachment 4-12*)

Waiting List Report (*Attachment 4-13*)

Primary Heating System Fuel Type Report (*Attachment 4-14*)

The quarterly reporting time frames are as follows:

1st Quarter	July 1 – September 30
2nd Quarter	October 1 – December 31
3rd Quarter	January 1 – March 31
4th Quarter	April 1 – June 30

Client File Summary Form

Agency _____	Job No. _____
Client _____	Phone Number _____
Client Address _____	
Application Date _____ Application Verification Date (if applicable) _____	
Income Reverification Date (if applicable) _____	
Auditor (print name) _____	Date of Audit _____
Auditor (signature) _____	
ECM Start Date _____	ECM Finish Date _____
Work Order Change Date(s) _____	
Final Inspection Auditor (print name) _____	Date of Final Inspection _____
Final Inspection Auditor (signature) _____	

Funding Source Breakout				
Fund	Material \$	Material \$ Incidental Repair	Labor \$	Total \$
DOE – Wx				
Utilicare				
LIHEAP				
EC Administered Utility Grants:				
Landlord				
Local Utility				
Other				
Change Order(s)				
Grand Total				

Client File Summary Form Instructions

I. Client File Summary Form

The Client File Summary Form serves as a summary information sheet and must be kept in all client files. All information requested on the sheet must be filled in, and the sheet must be properly signed and dated as indicated in the various signature lines.

1. Client information must include:

- a) Job number
- b) Client name
- c) Address
- d) Telephone number (if available).

2. Dates required to be documented.

- a) Application date (must be the original date the client signs the form).
- b) Application verification/certification date (if applicable). This date should be the date that the agency has verified that all application documentation has been received, fully completed, and reviewed for accuracy.
- c) Date of Audit
- d) Date energy conservation measures (ECMs) started. This date should be one of the following:
 - Energy conservation measures (ECMs) have actually commenced,
 - Specialty items have been ordered that cannot be returned to the vendor, or
 - Home has been awarded to a contractor.
- e) Date ECMs finished. This date should be either of the following:
 - Date when all measures have been installed or
 - Contractor(s) submits invoice with finish date
- f) Work Order Change Date (s) (if applicable). Date the auditor or crew supervisor and the contractor (if applicable) sign the work-order change notice (s).
- g) Date of Final Inspection. This date should be the date that all weatherization materials have been installed according to the work plan, or as documented in a change order request, and the subgrantee, or its authorized representative, has conducted a final inspection and certified that the work has been completed in a professional manner and in accord with WAP work standards, and in accordance with the priority determined in 10CFR 440.

3. Funding Source Breakout

Provide the actual costs of material, material for incidental repairs, labor and the total cost for the home. Spaces have been provided that allows the agency to indicate other funding sources used in completing the work on the home. If an agency uses another funding source, the agency should write the name of the fund source and dollar amounts into the blank spaces provided. For crew labor agencies, document the method to assign labor to jobs.

Monthly Report Definitions/Instructions

Request for Funds (DE-5)

This payment form must be submitted with the monthly reports. Complete all blank fields. Type or print the authorized agency official's name and title below the signature.

Part 1 - Identification Data

Include the full name of the subgrantee, the date submitted, the subgrantee address, the grant number and the time period covered by the report.

Part 2 - Service Statistics

Complete all service statistics for the homes being reported as complete for the time period being covered by the report. This information must correspond to the homes reported on the Homes Complete Summary.

Total People Assisted: Report the total number of people assisted, including the number of elderly, handicapped, Native American, children age 19 and under, and the total of all other clients served who do not qualify for the four prior categories. The sum of A, B, C, D and E should at least equal, but may exceed the total number of people assisted.

Non-Weatherization Paid Labor Hours: Record the total number of labor hours that are provided by the Workforce Investment Act (WIA), volunteers, or other no-cost labor.

Client Contacts: List the total number of clients that were provided weatherization education by the inspector.

Dwelling Unit Characteristics: List the current month totals for:

(a) Elderly Units – Person(s) who is 60 years of age or older

(b) Handicapped Units

(c) Native American Units

(d) Previously Weatherized Units - Previously weatherized units are defined as homes that were weatherized prior to September 30, 1993 and thus eligible to be re-weatherized.

Previously weatherized homes are not considered amended homes. Also, this is the only area in the Service Statistics where previously weatherized information will be broken out. In all other areas of the Service Statistics, previously weatherized homes are considered as new homes and are included with all other reported home information. Please see the Homes Complete Summary instructions for further reporting information concerning previously weatherized homes.

(e) Units with Children Ages 19 and Under

(f) Emergency Service – These are homes in which the client has a signed and dated physician's statement, including all documentation describing the need for emergency service from December through February.

(g) Other - All units that correspond to the “Other” category under “Total People Assisted.”

The sum of lines a, b, c, d, e, f and g should at least equal to, but may exceed the total under, “Total Dwelling Units” served for the current month. However, **individual** category totals should not exceed the total under, “Total Dwelling Units” served for the current month. For example, if a total of 5 dwelling units were served, an entry of 6 or higher in any of the individual categories would be incorrect. In addition, all categories completed under “Total People Assisted” should correspond with the categories completed in this section. For instance, if a home houses an, “elderly” person and an “other” person, the dwelling unit will be counted under “elderly” and “other.”

Total Dwelling Units Served: List the total number of new units served for the current month (include homes previously weatherized, not amended homes). Items a, b, c, d, e and f represent totals for owner-occupied site built, single-family renters site built, multi-family renters, owner-occupied mobile home, renter occupied mobile home and shelters. The sum of a, b, c, d, e and f must equal the total dwelling units served for the current month.

Dwelling Units: List by county number the number of homes served during the month. The sum must equal the total dwelling units served during the month. For a list of county numbers see Attachment 4-6.

Part III. Financial Data

Report Program Operations (previously known as Support, Labor and Materials) for homes completed for the month. Report all other information (Administration, Insurance, Other-financial audit and leveraging, and T&TA) under the corresponding “Program Expenditures” categories.

Line 1, Column G, “Assets Available YTD”: Report the total assets available to the subgrantee. This total must equal the sum of Line 2, Column F, “Cash Carryover”; Line 3, Column F, “Inventory Carryover”; Line 4, Column F, “Receipts”; and, Line 5, Column F, “Program Income.”

Line 2, Column F, “Cash Carryover”: List the total cash carryover from the previous program year carried forward into the current program year. This amount should remain constant throughout the year, subject to revision only after audit.

Line 3, Column F, “Inventory Carryover”: Report the retail value of all inventory carried forward from the previous program year into the current program year. Value of inventory must be figured using the First In, First Out (FIFO) method: (1) all material physically in the warehouse and paid for by funding source; (2) all material on partially completed homes; (3) any material on rolling warehouses, i.e., vans or trucks. This figure must be confirmed by an audit.

Line 4, Column F, “Receipts”: Report total new cash for funding source received by subgrantee from DNR during the program year through the last day of the reporting period.

Line 5, Program Income: See OMB Circular A110, paragraphs 2(x) and 24. Asset sales are not program income.

Line 6, Columns A through E, “Total Expenditures” by category: Calculate the total expenditures for each category. Program Expenditures will include Administration, Insurance, Program Operations, Other, and T&TA total expenditures.

Line 7, Columns A through E, “Previous Expenditures” by category: List the total expenditures previously reported for each category. These figures are taken from the previous month's report printout provided by the DNR/DE Weatherization program.

Line 8, Columns A through E, “Current Expenditures” by category: Report the current report period expenditures in each category.

Columns A, B, C, D and E: These categories correspond to the budget categories found in the grant applications.

Column C, “Program Operations” (previously known as support, labor and material): Report the sum of support, labor and material on the respective lines. If you report a Loss or Gain, reference the amount in the Comments lines. Loss is added to expenditures, while gain is subtracted from expenditures. Therefore, a loss should be shown as a positive figure and a gain as a negative figure.

Column D, “Other”: Reflects all items not listed in other categories. For example: all special grants, leveraging expenditures, and financial-audit costs will be listed in this column. A breakout has been added to the financial data section.

“Grand Total of Expenses,” and Column G, “Total Expenditures”: List the total expenditures made to date under the weatherization program for which the report is completed. This figure must equal the total of the entries in 6A through 6E. This total should also equal the sum of the amounts in Lines 7 and 8. All Program Expenditures and Program Operations will be totaled for each category.

Line 9, Column G, “Asset Balance”: Calculate the total assets available to the subgrantee at the end of the report period. This amount is derived by subtracting “Grand Total of Expenses” (Column G) from “Assets Available YTD” (Line 1, Column G). This item must also equal the sum of “Cash” (Line 10, Column F) and “Inventory” (Line 11, Column F).

Line 10, Column F, “Cash”: This is the total unobligated cash available at the end of the report period.

Line 11, Column F, “Inventory”: This is the total “inventory not on completed homes.”

Breakout of “Other” column: Complete these lines for all special grants, financial audit cost, leveraging activities, and low-cost/no-cost expenditures for the current month.

Program Income: Complete these lines for earned and expended Program Income. Program Income expended should equal Line 5, Column F.

An authorized agency official's original signature must certify that the report is correct and complete and that all transactions were made for the purposes set forth in the grant award documents.

Enter the date the report was submitted.

Type or print the authorized agency official's name and title below the signature.

Provide the telephone number of the appropriate contact person.

Homes Complete Summary

Fill out the Homes Complete Summary for all homes to be reported on the monthly report.

Record the job number in the following format: ###AA-#####

= County Number

A = Fund Source

A = Type Dwelling

H = House

I = Amended House

J = Pre-Weatherized House

T = Trailer

U = Amended Trailer

V = Pre-Weatherized Trailer

- = Required

= Up to 5 #s assigned by agency

List the account number (for Utility Grants) client name, and address for clients served. List the total installed cost (materials and labor) of work on homes. Annual income and square footage must be collected on each home weatherized, but not for amendments. Record all required blower-door and estimated energy savings information on the summary, but do not send in copies of the Blower Door Form or Energy Calculation worksheet for each home. Agencies must retain the Blower Door and Energy Calculation worksheet information in the client file at the agency level. Complete the spaces designated for each of the heating system data items.

Health and Safety Report

Use the form provided when reporting any Health and Safety measures. The total cost of Health and Safety measures for each home should not exceed the total cost of the home as reported on the Homes Complete Summary.

Attachment 4-4 (10/01/08)

Mail Direct to:	(FOR DNR/EC USE ONLY)
Department of Natural Resources Energy Center P.O. Box 176 Jefferson City, MO 65102	P.O. # _____ ERS040 GRANT # _____

REQUEST FOR FUNDS (DE-5)

Request Date: _____ Name of Subgrantee: _____

Program Year: _____

Program Title: Weatherization Address: _____

I certify that to the best of my knowledge and belief the date below is correct and that all outlays were made in accordance with the agreement and the payment is due and has not been previously requested.

Signature of Authorized Official

COST CATEGORY	REQUEST FOR FUNDS
ADMINISTRATION	
INSURANCE	
PROGRAM OPERATIONS	
OTHER	
T&TA	
TOTAL	
DNR/EC APPROVAL:	DATE:

Weatherization Assistance Monthly Report

Part I – Identification Data

1. Name of Agency _____	2. Date _____
3. Address (Street, Box Number) _____	4. City/State _____
5. Zip _____	
6. Grant Number _____	7. Period Covered by Report (Month/Day/Year)
From: _____ To: _____	

Part II– Service Statistics
Total

1. Total People Assisted	_____	
a. Elderly	_____	
b. Handicapped	_____	
c. Native American	_____	
d. Children 19 and Under	_____	
e. Other	_____	
2. Non-Weatherization Paid Labor Hours	_____	
3. Client Contacts	_____	
4. Dwelling Unit Characteristics	_____	
a. Elderly	_____	
b. Handicapped	_____	
c. Native American	_____	
d. Previously Weatherized Units	_____	
e. Units with Children 19 and Under	_____	
f. Emergency Service	_____	
g. Other Units	_____	
5. Total Dwelling Units	_____	
a. Owner Occupied Site Built	_____	
b. Renter Single Family Site Built	_____	
c. Renter Multifamily Site Built	_____	
d. Owner Occupied Mobile Home	_____	
e. Renter Occupied Mobile Home	_____	
f. Shelters	_____	
6. Dwelling Units		
County Number	Number Served Total	County Number
a. _____	_____	g. _____
b. _____	_____	h. _____
c. _____	_____	i. _____
d. _____	_____	j. _____
e. _____	_____	k. _____
f. _____	_____	l. _____

AGENCY NUMBERS AND COUNTIES SERVED

CSI (01)

Andrew – 002
Atchison – 003
Buchanan – 011
Clinton – 025
Dekalb – 032
Gentry – 038
Holt – 044
Nodaway – 074
Worth – 113

DAEOC (02)

Dunklin – 035
Mississippi – 067
New Madrid – 072
Pemiscot – 078
Scott – 100
Stoddard – 103

EMAA (03)

Bollinger – 009
Cape Girardeau – 016
Iron – 047
Madison – 062
Perry – 079
St. Francois – 094
Ste. Genevieve – 095
Washington – 110

ESC (05)

Barton – 006
Jasper – 049
McDonald – 060
Newton – 073

GHCAA (06)

Caldwell – 013
Daviess – 031
Grundy – 040
Harrison – 041
Linn – 058
Livingston – 059
Mercer – 065
Putnam – 086
Sullivan – 105

CMCA (07)

Audrain – 004
Boone – 010
Callaway – 014
Cole – 026
Cooper – 027
Howard – 045
Moniteau – 068
Osage – 076

ULMSL (08)

St. Louis City – 115

JFCAC (09)

Franklin – 036
Jefferson – 050

KCNCSD (10)

Clay – 024
Jackson – 048
Platte – 083

CAASTLC (11)

St. Louis County – 096

MOCA (12)

Camden – 015
Crawford – 028
Gasconade – 037
Laclede – 053
Maries – 063
Miller – 066
Phelps – 081
Pulaski – 085

MVCAA (13)

Carroll – 017
Chariton – 021
Johnson – 051
Lafayette – 054
Pettis – 080
Ray – 089
Saline – 097

NECAC (14)

Lewis – 056
Lincoln – 057
Macon – 061
Marion – 064
Monroe – 069
Montgomery – 070
Pike – 082
Ralls – 087
Randolph – 088
St. Charles – 092
Shelby – 102
Warren – 109

NMCAA (15)

Adair – 001
Clark – 023
Knox – 052
Schuyler – 098
Scotland – 099

OAI (16)

Douglas – 034
Howell – 046
Oregon – 075
Ozark – 077
Texas – 107
Wright – 114

OACAC (17)

Barry – 005
Christian – 022
Dade – 029
Dallas – 030
Greene – 039
Lawrence – 055
Polk – 084
Stone – 104
Taney – 106
Webster – 112

SCMCAA (18)

Butler – 012
Carter – 018
Dent – 033
Reynolds – 090
Ripley – 091
Shannon – 101
Wayne – 111

WCMCAA (19)

Bates – 007
Benton – 008
Cass – 019
Cedar – 020
Henry – 042
Hickory – 043
Morgan – 071
St. Clair – 093
Vernon – 108

Attachment 4-7 (10/01/08)

Part III. Financial Data
Program _____

Agency _____

	A. Admin	B. Insurance	C.* Program Operations	D.** Other	E. T&TA	F. Detail	G. Total
1. Assets Available YTD							
2. Cash Carryover							
3. Inventory Carryover							
4. Receipt – Current Year							
5. Program Income							
6. Program Expenditure							
7. Previous Expenditure							
8. Current Expenditure							
Grand Total of Expenditures							
9. Asset Balance							
10. Cash							
11. Inventory							

***Program Operations** replaces the categories previously known as support, labor and material.

****Breakout of Information**
Reported in Section D. "Other"
(Current Expenditures Only)

Financial Audit _____	Program Income: Earned	Expended
Leverage _____		
	Total _____	_____
Special Grant _____	Previous _____	_____
Special Grant _____	Current _____	_____

Comments: _____

Certification: I certify to the best of my knowledge and believe that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Signature of Authorized Certifying Official

Date Report Submitted

Typed or Printed Name and Title

Telephone Number

HOMES COMPLETE SUMMARY

(Type of funding, Utility Name)

**Attachment 4-8 (10/01/08)(Sample form,
not actual size)**

AGENCY _____

Page ____ of ____

MONTH _____

[illegible]

BLOWER DOOR DATA

[illegible]

ESTIMATED SAVINGS

[illegible]

HEATING SYSTEM DATA

[illegible]

HEATING SYSTEM CODES:

CLEAN & TUNE (C&T)

1. Gas System
2. Oil System

Revised 04/07/2008

REPAIRS & RETROFITS

3. General Repairs
4. Domestic Water Heater
5. Electric Heating System
6. Wood Heating System
7. IID and Auto Vent Damper

REPLACEMENT

10. Gas System Replacement
11. Oil System Replacement
12. Gas Vented Space Heater
13. Oil Vented Space Heater
14. Domestic Water Heater

= County Number

A = Fund Source

A = Type of Dwelling

H = House

I = Amended House

J = Pre-Weatherized House

T = Trailer

U = Amended Trailer

V = Pre-Weatherized Trailer

- = Required
= Up to 5#'s assigned by agency

HEALTH AND SAFETY REPORT

Page ____ of ____

Agency _____

Month _____

Program _____

[illegible]

Attachment 4-10 (10/01/08)

PY _____ , _____ QUARTER
OTHER FUND SOURCES REPORT

The Other Fund Sources Report will be submitted to this office after each quarter of the program year. This report is not cumulative; only document the other fund sources for the above referenced quarter.

AGENCY NAME

Other Fund Sources		
Fund Source	Total \$	# Homes
* Other Federal Programs Please list <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>		
Utility Companies Please list <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>		
Private Sources (Agency, City, etc.) Please list <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>		
Landlord Owner Contributions (if the landlord is exempt due to poverty level, please put exempt next to the client name and job number) Please list job #, client name <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>		
Grand Total	\$0	

*These funds are considered partnership funds, not leveraged as defined in the Subgrantee Selection Section, leveraging activities. Such as CSBG, CDBG, etc. Anything with a CFDA number should go in this section.

Attachment 4-11 (10/01/08)

Minority Women Business Enterprise Reporting**Name:** _____ **Date:** _____ **Quarter:** _____

The MBE/WBE Report will be submitted to DNR/EC after each quarter of the program year.
The report must be completed by all agencies. This report is not a cumulative report; only report
the MBE/WBE for the above reference quarter.

BIDS

Names of **Woman Business Enterprises**
solicited for bids during this quarter.

Names of **Minority Business**
Enterprises solicited for bids during this
quarter.

PURCHASES (Commodities & Services)

Name/City of WBE Contractor or
Vendor:

Dollar Value of Purchases During this
Quarter:

\$ _____

\$ _____

\$ _____

Name/City of MBE Contractor or
Vendor:

Dollar Value of Purchases During this
Quarter:

\$ _____

\$ _____

\$ _____

(Definitions on following page.)

Minority/Woman Business Enterprise Reporting Instructions

Name: Insert the name of the organization submitting this report.

Date: Insert the date this form is completed.

Quarter: Insert the numeral 1, 2, 3 or 4 that corresponds to the program year quarter (Quarter 1: July 1- Sept. 30; Quarter 2: Oct. 1 - Dec. 31; Quarter 3: Jan. 1 - March 31; Quarter 4: April 1 - June 30).

Names of WBE's Solicited for Bids: Provide names and phone numbers of any Woman Business Enterprises contacted for bids.

Names of MBE's Solicited for Bids: Provide names and phone numbers of all Minority Business Enterprises contacted for bids.

Names of WBE's Contractor/Vendor: Provide names of Woman Business Enterprises awarded bids/contracts.

Names of MBE's Contractor/Vendor: Provide names of Minority Business Enterprises awarded bids/contracts.

Dollar Value of Purchases with WBE's During This Quarter: Provide the total amount of funds actually spent with Woman Business Enterprises.

Dollar Value of Purchases with MBE's During This Quarter: Provide the total amount of funds actually spent with Minority Business Enterprises.

Training and Technical Assistance Subgrantee Quarterly Report

Attachment 4-12 (10/01/08)

This form will be used to record activities related to expenditure of Training and Technical Assistance (T&TA) funds. The dollar amounts should match claimed expenditures on the monthly reports and the agency's general ledger. Please fully document if any expenses associated with a T&TA activity fell outside the quarterly reporting period from which the activity occurred. For example, a registration fee for a training session may have been paid in the 1st quarter, but the actual training attendance did not occur until the 2nd quarter. The registration expense should be documented in the 1st quarter report, with a note explaining that the actual training did not occur until the 2nd reporting period. Likewise, the training attended in the 2nd reporting period should be documented in the 2nd quarter report, with a note explaining that the registration fee for the training was paid in the 1st quarter. Also, any T&TA expense that was paid for in advance, and the event was canceled or the participant did not attend, must also be noted on the report. If a refund was given, that refund must be documented in the reporting period in which the refund was added to the agency's general ledger and documented on the monthly report.

Agency: _____

☐ 1st Quarter – July through September

☐ 3rd Quarter – January through March

☐ 2nd Quarter – October through December

☐ 4th Quarter – April through June

Briefly describe your T&TA activities during the reporting period. Include dates, location, content, staff attendees, and dollar amount for each category. Attach additional sheets or documentation if necessary.

Meetings and Conferences:

<u>Name of Meeting or Conference</u>	<u>Date:</u>	<u>Location</u>	<u>Staff Attended</u>	<u>Associated Expenses</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL				\$ _____

Training:

<u>Name of Training</u>	<u>Date:</u>	<u>Location</u>	<u>Staff Attended</u>	<u>Associated Expenses</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL				\$ _____

Other:

<u>Name of Event</u>	<u>Date:</u>	<u>Location</u>	<u>Staff Attended</u>	<u>Associated Expenses</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL				\$ _____

Grand Total of T&TA Expenses: \$ _____

Attachment 4-13 (10/01/08)

**Waiting List
Quarterly Report Form
(Includes Regulated Utility Information)**

Agency
Program
Quarter

Total Number of Applications on Waiting List: _____

Number of Applications Per **Regulated** Utility Company

Utility Company Name
Number on Waiting List

Utility Company Name
Number on Waiting List

Utility Company Name
Number on Waiting List

Utility Company Name
Number on Waiting List

Utility Company Name
Number on Waiting List

Utility Company Name
Number on Waiting List

Attachment 4-14 (10/01/08)

**Missouri Weatherization Assistance Program
Quarterly Reports
Primary Heat System Fuel Type**

Agency _____☐ 1st Quarter – July through September ☐ 3rd Quarter – January through March☐ 2nd Quarter – October through December ☐ 4th Quarter – April through June

Primary Heat System Fuel Type	# Homes
Natural Gas	
Fuel Oil	
Electricity	
Propane/LPG	
Kerosene	
Wood	
Other	

Total DOE Homes Reported to DNR Energy Center for Quarter:

Please note: Total of all primary heat system fuel sources must match number of DOE homes reported for months being reported! Information will be reported to the U.S. Department of Energy on a quarterly basis.